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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 15 2011

EXAMINER

COVER LETTER

SUBJECT:	Ocean	Gardens LLC			
		ited Liability Company.		_	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Rodney Jiruska Name of Person	·	_	
		Ocean Gardens LLC Firm/Company		_	
		PO Box 696 Address		_	
	C	edar Rapids, IA 52406 City/State and Zip Code		11 FEB SECKET FALLAHA	TTT.
	E-mail address: (rjiruska@yahoo.com to be used for future annual-report notific	cation)	14 ARY SSE	
	concerning this matter, please			PHIZE 57 OF STATE E. FLORID	j
	odney Jiruska of Person	at (319) Area Code & Daytime	5335777 Telephone Numb	<u></u>	
Enclosed is a check for	the following amount:	·			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		filing Fee, cate of Status & ed Copy	
\				onal copy is enclo	sed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

T. 2

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocea	an Gardens LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	10/04/2004	and assigned
Florida document number <u>L0400071802</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enl	ter Florida street addi	ress
		. Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Yane Zana	21 Royal Palm Pointe, Suite #100	Add
		Vero Beach, FL 32960	Remove
			Add Remove
			Kelliove
	····		Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary	
***************************************		E	
		SSE	4 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			등 로 M
		OR: D	TATE O
Dated	February 8 ,2	2011	
	Colu	y Junta	
	-	el or authorized representative of a member	
	Roc Type	Iney Jiruska, MGRM and or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00